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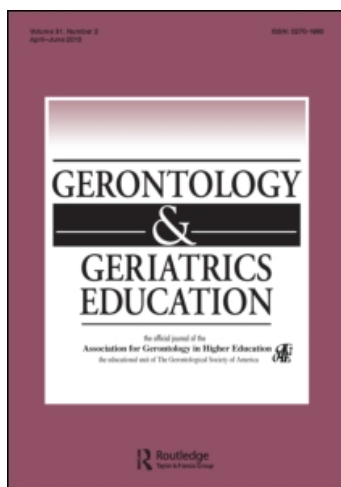
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European Initiatives in Postgraduate Education in Gerontology

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ABSTRACT. This paper describes three innovative European initiatives in postgraduate education in gerontology. The first is the European Masters Program in Gerontology (EuMaG), developed as an interdisciplinary joint program, supported and delivered by 22 European universities. Second, the Nordplus initiative to increase mobility of students and staff in the field of gerontology in the European Nordic countries is elaborated. Third, two postgraduate Gerontology and Geriatrics programs offered by the European Centre of Gerontology and Geriatrics, University of Malta are presented. In 1995, the Centre was designated a WHO Collaborating Centre for healthy aging. To provide a context for these initiatives, a short overview is presented of developments in the European Higher Education Area, and the current state and recent developments in gerontology training in Europe is elaborated. The article concludes with discussion of the feasibility and sustainability of European

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KEYWORDS. Gerontology, training in gerontology, innovative training programs, international gerontology program, European master in gerontology, EuMaG, NordPlus, European higher education area, United Nations, International Institute on Aging, United Nations-Malta

EUROPEAN HIGHER EDUCATION AREA

The unification of Europe on the one hand, and the patchwork of diverse national educational regulations and structural diversity (e.g., in entry requirements, duration, conceptual frameworks, curricular contents, and degrees) across the European continent on the other, obliged the European Union and European universities to implement fundamental changes in the structure of higher education (Gonzalez & Wagenaar, 2003). The changes focused on simplifying regulations on higher education qualification, improving student and staff mobility within Europe and attracting students from around the world, as well as ensuring high standards of training and research.

The recent reforms contain ideas which have been in circulation since the 1950s, and which were given wide currency by the creation of the Erasmus program in 1987.¹ This program introduced student and staff mobility and the European Credit and Transfer System (ECTS), making all national university training programs comparable in terms of study load. In this way, higher education and research in Europe could adapt better to the changing needs of society and advances in scientific knowledge. On June 19, 1999 ministers responsible for higher education from 29 European countries signed the *Bologna Declaration*,² setting an agenda for the development of a coherent and cohesive European Higher Education Area (EHEA) by 2010 and promoting the European System of Higher Education worldwide. Figure 1 presents an overview of the four meetings that took place since 1999 and the main objectives set by them.

In the first follow-up conference in Prague (2001)³ three objectives were added, including the emphasis on lifelong learning, and the enhancement of the attractiveness and competitiveness of the EHEA to other parts of

FIGURE 1. Meeting of the European Ministers of Education and the Objectives (New and Reconfirmed) Related to the Establishment of a European Higher Education Area

		Bologna 1999	Prague 2001	Berlin 2003	Bergen 2005
Number of European countries signed Bologna Agreement		29	33	33	45
Objective 1	System of easily readable and comparable degrees	NN	R	R	R
Objective 2	Adaptation of a system of two main cycles (under/graduate)		R	R	R
Objective 3	Establishment of a uniform system of credits (ECTS)	N	R	R	R
Objective 4	Promotion of mobility (student, teachers, staff)		R	R	R
Objective 5	Promotion of European cooperation in Quality Assurance		R	R	R
Objective 6	Promotion of European dimension in higher education		R	R	R
Objective 7	Emphasis on life long learning		N	R	R
Objective 8	Involvement of students in process		N	R	R
Objective 9	Enhancing attractiveness to other parts of the world		N	R	R
Objective 10	Introducing third cycle (doctoral), and synergy between European Higher Education Area and European Research Area			N	R
Condition	Restating the social dimension: Higher Education equally accessible to all, regardless of social and economic background				R

N = New objective
R = Reconfirmed objective

the world, including the aspect of transnational education (Carnegie Commission on Higher Education, 1973; High Level Expert Group, 2001). In 2003, ministers responsible for higher education from 33 European countries met in Berlin to review the progress achieved and to set priorities and new objectives for the period 2003-2005 (European Commission, 2003). The ministers also took into consideration the conclusions of the European Councils in Lisbon (2000) and Barcelona (2002) aiming at making Europe “the most competitive and dynamic knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion” (Barcelona European Council, 2002; Lisbon European Council, 2000).

The main theme of the follow-up meeting in Bergen, Norway (May 2005) was mid-term stocktaking.⁴ The focus was especially on the objectives related to the degree system, quality assurance, and the recognition of degrees and study periods. Ministers evaluated the progress made and identified further challenges and priorities, such as the strengthening of research and innovation, and the renewed commitment to the social dimension indicating that higher education should be equally accessible

to all students, regardless of social and economic background (Bologna Follow-Up Group, 2005a,b; ECTS, 2003; European University Association, 2001; Joint Education Council/Commission, 2004; National Reports 2005; Reichert & Tauch, 2005).

So far, many innovative initiatives have been launched in order to create the EHEA including the three projects that are focused upon in this article. Before describing them in more detail, the current state and developments in gerontology in Europe is reviewed.

TRAINING AND EDUCATION IN GERONTOLOGY IN EUROPE

An in-depth analysis in 2000 showed a variegated picture with structural diversity in entry requirements, duration, conceptual frameworks, curricular contents, and degrees in gerontology across Europe (Meyer, 2000, 2003; Viidik et al., 2000).⁵ It also showed an uneven distribution of full (post) graduate academic programs. Full programs are mainly offered in western European countries such as Germany, France, The Netherlands, and the UK. Clear blank spots were observed in some northern, southern, and central European countries such as Norway, Sweden, Denmark, Portugal, Italy, Greece, Austria, and the Czech Republic. In these countries it is only possible to follow individual courses in gerontological issues rather than a full Bachelors or Masters program in Gerontology. The situation in the Accession Countries (e.g., central and eastern Europe) was also assumed to be deficient because of the enormous social and political changes in recent years (Meyer, 2000, 2003; Viidik et al., 2000). In the absence of comprehensive, multidisciplinary academic training programs in gerontology, many policy planners, managers, and staff delivering social welfare and health services to the elderly have little or no training in gerontology. Yet there is an increasing need for professionally qualified gerontologists. Europe is facing rapid demographic and socio-cultural changes. In 2050, Europe will continue to be the most aged region with approximately 35% of its population aged over 60 years. Expanding educational opportunities in the field of gerontology (new training programs, postdoctoral programs, workshops, but also the mobility of students and staff), training human resources (access to information, basic training of skills and competencies), exchange and implementation of aging research results, and the convergence of educational models are key needed actions. The United Nations recognizes population aging as a priority issue. Two World Assemblies (Vienna 1982 and Madrid 2002)

were convened to tackle the phenomenon of world population aging. In the ensuing plans of action, the UN stressed the importance of training and of having trained personnel. Article 82, for example, states that “there is an urgent worldwide need to expand educational opportunities in the field of geriatrics and gerontology for all health professionals who work with older persons and to expand educational programs on health and older persons for professionals in the social service sector” (United Nations, 2002, pp. 20-21).

THE EUROPEAN MASTERS IN GERONTOLOGY (EuMaG)

History and Background

In 1998, the Directorate General of Public Health of the European Commission initiated and financially supported the development and implementation of a European Masters in Gerontology (EuMaG) program.⁶ Between 1999 and 2000 an international consortium of gerontology experts from 18 EU countries designed and developed a model curriculum in gerontology (Viidik et al., 2000).⁷ Prerequisites were multidisciplinary, a European added value, and validity of the program throughout the European Union. The main objectives of the joint program were to enable participants from various EU member states to study for a full masters degree in gerontology in more than one country, to promote language skills, to increase the ability to work in different European countries, and to enhance professional gerontological skills and expertise (Wendt, Peterson, & Douglass, 1993). In 2001, the program was implemented by the EuMaG consortium, supported by the EuMaG Administrative Centre located at the Vrije University Amsterdam, The Netherlands⁸ (NPOE, 2001).

Overview of the Structure

The first EuMaG year has a fixed structure of five core modules. Participants start with an Introductory Module (5 ECTS) that includes introductions to Bio-Gerontology and Methodology (delivered in Amsterdam, The Netherlands). Three core modules (10 ECTS each) representing the multidisciplinary character of gerontology follow: Psycho-gerontology (Heidelberg, Germany), Social Gerontology (Keele, United Kingdom), and Health Gerontology (Paris, France). The year is completed with a

10 ECTS Integrative Module, the so-called Summer School (Malta, 2004). Research methodology is integrated in each module, offering the basic research methodology relevant for each core discipline.

The second EuMaG year is organized in a much more flexible way. A buffet of optional modules is provided. When planning their second academic year, students have the opportunity to select free modules corresponding to their study objectives, and offered by any of the participating European partners. Participants may choose an internship (preferably research oriented) instead of free modules. All EuMaG consortium members have proposed free courses; all are benchmarked and accepted by the Curriculum Committee in order to assure high quality. In many cases, students chose modules in direct line with their Masters dissertation. The Masters Dissertation comprises 25 ECTS (675 study hours). In the first year a first draft of the dissertation proposal is prepared by the student, and assessed by the Dissertation Committee (DC). After acceptance the DC appoints a supervisory team of at least two academic professors.

Philosophy and Characteristics of the EuMaG Program

The EuMaG program is designed as a flexible, modular, two-year part-time study program with a total workload of 90 ECTS (2400 study hours). It is designed to meet the needs of working professionals as well as regular students.⁹ Candidates can enroll for the full program and obtain a Master of Science degree (MSc) or take single courses and obtain certificates (with extended supplement). Courses are characterized by *the progressive academic learning concept*, with special focus on the accumulation of academic knowledge, competencies and skills, starting with basic gerontological knowledge, such as theories, concepts and research, and introducing academic and social debates on relevant gerontological issues (Russell, 1990). The European comparative approach provides added value. A key objective is to impart a critical attitude towards knowledge and society, with special attention to training academic oral and writing skills and competencies. To stimulate student mobility, each core module is offered in a different European city. Each core module runs for two months, of which a maximum of 10 consecutive days are residential, intensive teaching days. The rest of the module is delivered through Web-based distance learning, including the assessment (written examination, working papers, and/or substantial papers). The content of each module is benchmarked and officially accepted by

all EuMaG consortium members.¹⁰ Various didactic methods are used in each module such as: intensive lecturing, didactic lectures with interactive tasks, and group work in smaller groups of students with clear focus on discussion, debate, and presentations to enhance oral academic skills. The language of instruction is English. Language support in three more languages (Spanish, French, and German) is available. Students and teachers evaluate each module extensively as part of the Quality Assurance Protocol. An evaluation report is presented to the Curriculum Management Team. Each core module is coordinated by the host university, responsible for the teaching infrastructure and logistics, such as lodging, teaching facilities, and study program. To stimulate staff mobility, each core module is organized on a European team-teaching basis: besides the host university, *at least* two other European universities (de facto other European countries) are involved in delivering the module.

The *Masters Dissertation* must have a topic rooted in gerontological theory, a substantial research and methodological component, European added value (e.g., a European comparative approach), and be related to current social and academic debate and public health issues. The student is free to choose any official European language for writing the Masters Dissertation, but must provide an extended summary in English. The Dissertation Committee assesses the final version of the dissertation only after the supervisors have accepted the concept.

After completing 90 ECTS credits, a candidate is entitled to receive the EuMaG Master of Science Diploma. The EuMaG program is a European joint program. The EuMaG diploma, however, is basically a national (Dutch) qualification with reference to the fact that it is the outcome of a joint program of 22 European universities. The award of a joint degree (i.e., in the name of all participating universities) is still legally difficult, since it falls outside both the existing national and international legal framework of recognition (Rauhvargers, 2003; Taugh & Rauhvargers, 2002). The recognition of the EuMaG diploma by the EuMaG partners is ensured through cooperation agreements such as official bilateral contracts between EuMaG universities, accepting each other's modules, gerontology training programs, and diplomas. In summer 2005, the first cohort of EuMaG students will receive their EuMaG diploma. The acceptance of the EuMaG diploma by international workplace organizations is thus still uncertain, but is not expected to be a problem.^{11,12}

Admission Requirements

Candidates are eligible to apply for registration if they hold a bachelors or a masters degree in social or health sciences. Academic and non-academic bachelors (i.e., vocational training) are treated as equivalent. Candidates with a bachelors degree in a non-relevant field need the additional qualification of at least two years of professional work experience in the field of aging, public health, or gerontology. Candidates without a formal bachelors degree can only be accepted when they prove having an exceptional degree of experience in the field of aging. Letters of recommendations and entrance assessment are obligatory.

Professionals pay a €7500 fee (app. \$9000 USD) for the two-year program (excluding travel and lodging costs). Regular students pay a reduced amount of €1000.

Experience to Date

The selection of candidates has proved to be a complex issue, since national diplomas are difficult to compare, and there are no standard European criteria for university degrees yet. This situation leads to selection by intuition. The student population shows a clear mix of professionals (mainly age > 35) and regular students (age 20-25). In practice it is difficult to combine the two groups, because of differences in knowledge and work experience, although participants themselves don't perceive it as problematic. Participants are particularly enthusiastic about the travel component of the program, despite the extra costs. Differences in teaching culture, broadening the scope on gerontological issues, and the international comparative approach are highly evaluated. In the preparatory phase (2001-2003) approximately 150 students attended the core modules, including the successful Summer Schools in Valencia (2002), Crete (2003), Dublin (2004), and Malta (2005). Of these students, 75% held a university bachelors degree, 20% a non-university bachelors degree and 5% a masters degree. The first EuMaG cohort (studying for a Masters degree) started in September 2003 with 8 full participants and the second cohort in October 2004 with 12 participants. In 2005, already 15 participants have enrolled. The number is expected to grow in the coming years to a maximum of 25 participants per cohort to secure high quality of teaching.

THE NORDPLUS INITIATIVE

Background of the Nordic Collaboration

Nordplus is a mobility program of the Nordic Council of Ministers (Nordplus, 2005). The purpose of the Nordplus program is to bring the Nordic institutions of higher education closer together and to create possibilities for educational cooperation in which institutions, teachers, and students can benefit from the know-how and skills of one another. The collaboration is based on networks consisting of a minimum of three Nordic institutions of higher education from three different Nordic countries. The networks can apply for Nordplus funding for the following activities: student and staff mobility, intensive courses, network development, and joint study programs. The annually released Nordplus Program Description describes the program's activities, annual priorities, and application details.

The Nordplus Gerontology Network

In the late 1990s, there were only a few universities that offered full Bachelors and Masters programs in gerontology in the Nordic countries. The only full graduate degree program in gerontology was at the University of Jyväskylä. To make the most of the available expertise, in 1999 five Nordic institutions inaugurated an educational collaboration within the Nordplus program. The initial partner institutions were the University of Jyväskylä in Finland, which is also the coordinator of this network, the University of Southern Denmark in Odense, Denmark, and the School of Health Sciences at Jönköping University, the University of Uppsala, and the Karolinska Institute in Sweden. Subsequently the University of Bergen in Norway and the University of Reykjavik in Iceland became partner institutions. The latest new partner, the University of Lund in Sweden, was invited into this network in May 2006. At present altogether eight institutions from five Nordic countries are partners in this network.

Collaboration is based on the partners' different areas of expertise. In the University of Jyväskylä, gerontology courses are offered in the departments of Health Sciences, Psychology, Social Sciences, Philosophy, and Education. At the University of Southern Denmark the partner's expertise is in exercise and health gerontology. Health Gerontology is also the focus at the Karolinska Institutet, whereas the University of Bergen,

the University of Iceland, and the University of Uppsala concentrate on social gerontology and the School of Health Sciences at Jönköping University on psycho-gerontology.

The Nordplus Gerontology Network's main activities include mobility of teachers and students. During their minimum one-week visits, teachers contribute to partner institutions' teaching and become acquainted with their program. As well, teacher exchanges give an opportunity for non-mobile domestic students to internationalize at home. The teacher's home institution pays for his/her work while Nordplus funding usually covers the costs of accommodation and travel. Student grants are available for studying gerontology or gerontology-related subjects for one or several months at Network institutions. They cover travel costs and most of the living expenses. Courses taken abroad are fully accepted towards the student's degree, which the home institution confers. The Network can also apply for funding for one-week intensive courses on specific topics, which each partner institution hosts in turn and to which teachers from different partner institutions and students from a minimum of two partner universities are invited.

In addition to the activities described earlier, collaboration with the EuMaG is one of the developing activities of this Network. Another important developing activity is e-Learning which will enable international courses to be offered to a larger number of students.

Future Developments in International Collaboration

Internationalization is a focus at the University of Jyväskylä. One objective is to increase the number of teaching programs, including two-year masters programs, run in English to enable wider recruiting of international students. Development of joint degrees (degree programs developed and approved jointly by several institutions in different European countries) is another objective. The Finnish Ministry of Education has allocated money for piloting joint degrees, and one of the three masters programs which will be developed at the University of Jyväskylä, is a Health Gerontology program. The NordPlus Collaboration has contributed to establishing relations with joint degree partners. Development of mobility programs, essential for future employability of graduates, will be closely connected with implementation of the Bologna process.

MALTA'S INTERNATIONAL POSTGRADUATE PROGRAMS

History and Background

The University of Malta traces its origins to the founding of the *Collegium Melitense* in 1592. During the British period, the University's statutes and regulations were brought into line with universities in the United Kingdom. There are around 9,800 students including 903 foreign students, following full- or part-time degree and diploma courses, many of them run on the modular or credit system. In 2003, a total of 2300 students graduated in various disciplines. The University consists of nine faculties plus a number of autonomous Centres and Institutes.

Following the change of government in 1987, the University of Malta adopted two main principles of academic policy. First, taking into account its small size and limited resources, the University was to concentrate on selected areas of excellence. One of the areas chosen was Gerontology. The second principle was to develop areas that would be of international interest and attract both foreign scholars and students. In this regard, Malta's geographical location at the point of intersection between west and east and between north and south was a comparative advantage (Ingloft, 1989).¹³

It was within this context that, in 1987, the Institute of Gerontology and Geriatrics was set up within the University of Malta. It is an autonomous academic institution aimed at developing and deepening interdisciplinary scientific teaching, education and research in Gerontology and Geriatrics, and falls directly under the Senate and Council of the University. In line with Malta's membership in the European Union, in 2002, the Institute came to be known as The European Centre of Gerontology and Geriatrics. The main objective of the Centre is to offer training programs to respond to the urgent demand for trained personnel in the field of aging, especially in developing countries.

The Centre offers two graduate programs in Gerontology and Geriatrics. These are: the Diploma (Dip.Ger.) and the Masters degree (M.Ger.).

The Postgraduate Diploma in Gerontology

The one-year Diploma Program was designed by an international group of experts coming from various universities in Europe, North America, Africa, and Asia during a meeting convened in 1989 by the

then newly established International Institute on Aging, United Nations-Malta and with the participation of representatives from a number of United Nations agencies including ILO, WHO, and UNESCO. The full program consists of:

- Thirteen study units (eight core and five electives): Each study unit requires 50 hours of study (4 ECTS) normally including 18 lecture hours, tutorials, and program assignments. The eight core modules, evenly balanced in both areas of gerontology and geriatrics, cover: population aging; sociology of aging; health promotion in the elderly; biology and physiology of aging; psychology of aging; research and evaluation; clinical aspects of old age; and medical and social rehabilitation. Additionally, a student chooses five of the following elective study units: social policies and strategies; medical problems in old age; programs and services: international comparison; psycho-geriatrics; geriatric supportive services; drugs in the elderly; social welfare with older persons; epidemiology; statistics and computing; income security for older persons; and food and nutrition in older persons.
- Two practice placements: Participants are required to have an internship of 240 hours divided into 4 practicums of 60 hours each. Practical placements of both observational and hands on type, are aimed at enabling the participants to apply theoretical knowledge to practical solutions.
- Dissertation on an approved area of study chosen in consultation with a supervisor: The dissertation (15,000 words) requires a sustained effort in defining the chosen area of investigation; in researching the background; in integrating the empirical data collected into a wider context of the subject; and in drawing conclusions and recommendations on the subject.
- Three final comprehensive examinations.

Admission Criteria

A candidate is eligible to apply for registration to the Diploma Program if he/she has one of the following qualifications:

1. A degree or professional qualification in social and behavioral sciences/medicine, social work and allied health professions obtained from a university or from any other authority recognized by the University of Malta.

2. Any other professional qualification deemed acceptable by the University of Malta, if it is accompanied by adequate work experience (at least 5 years) in the care of older persons.
3. A candidate without the above qualifications may be admitted to the Program as a mature student if he/she has an exceptional degree of experience in the field of aging or the care of older persons, and has the necessary background to profit from the program.

Candidates who fall under categories 2 or 3 have to pass a competency test. All candidates are required to be fluent in English (i.e., if English is not their first language they must obtain a high grade in the TOEFL exam).

The Master's Degree in Gerontology and Geriatrics (M.Ger)

A candidate who obtains an overall grade of "A" or "B" in the Post-graduate Diploma Program in Gerontology is eligible to register for a Masters degree in Gerontology and Geriatrics. To do so, a candidate must submit a dissertation proposal, which must include: the proposed title of his/her thesis, an outline of the research to be carried out including hypothesis, methodology, time frame, and bibliography. The research and writing of the dissertation is carried out in the candidate's home country provided that the Board of Studies is satisfied that adequate supervision is available and that regular contact is kept with the supervisors appointed by the University of Malta.

Philosophy and Characteristics

The Diploma program aims at developing and deepening interdisciplinary knowledge and training in both Gerontology and Geriatrics. The Masters program aims at deepening research and scientific knowledge in the two streams.

In the choice of candidates special efforts are made to ensure a balance between persons having medical/health science and social/behavioral science backgrounds. During the past 15 years, successful participants have included physicians, nurses, physiotherapists, occupational therapists, psychiatrists, sociologists, social workers, economists, and social psychologists.

In selecting the members of the Management Board of the Centre, the University Senate and Council pay special attention to ensuring a balanced representation of expertise in both the areas of Gerontology and

Geriatrics. The same principle is followed in the selection of the members of the various Boards of Study.¹⁴

Quality Assurance

In order to verify the quality of its programs and to ensure that academic standards are maintained, the Centre every year engages the services of international external examiners. Every external examiner is engaged for a period of two years. To ensure that their academic expertise reflects the interdisciplinary nature of the programs offered, an academic with gerontological expertise who serves as an external examiner, is succeeded by another with a geriatrics background.

The Centre collaborates closely with a number of universities, academic institutes, and centres in the field of aging, throughout the world. It also cooperates with a number of United Nations organizations and agencies and in particular with the International Institute on Ageing, United Nations-Malta. Through the UN organizations a range of scholarships are offered to deserving candidates.

The international academic reputation of the programs is evidenced by the high number of applications from foreign students received annually and also from the candidates who have completed the Center's academic programs. During the years 1990-2005, 215 students from 48 different countries (including Malta) have obtained the Postgraduate Diploma. Of these, 22 have gone on to successfully complete the Masters degree.

Fully aware that education in the field of aging needs to be multi-sectoral in nature covering: (1) levels of specialization for professionals; (2) those who directly work with older persons; and (3) older persons themselves, the Centre is also responsible for the running of a University of the Third Age; in-service programs for care givers of older persons; pre-retirement programs for those leaving the labor market as well as organizing seminars and conferences both at the national and international levels.

DISCUSSION

Figure 2 presents an overview of the three innovative gerontology programs. It shows that the three programs differ to some extent in their strategical and structural set-up. The EuMaG program focuses clearly on European students and professionals as target group, whereas the

FIGURE 2. Comparison of the Three Innovative European Gerontology Programs

	European Master in Gerontology program (EuMaG)	Nordplus Initiative	Malta's post Graduate Programs in Gerontology and Geriatrics
Initiated by	European Commission 1999	Nordic Council of Ministers 1999	University of Malta; WHO 1990
Leading university	Vrije Universiteit Amsterdam	University of Jyväskylä Finland	University of Malta Malta
Number of universities involved	22	8	1
Program focus	Gerontology—broad	Health Gerontology	Gerontology & Geriatrics
Objectives	Offering a model curriculum Staff and student mobility Development intensive courses Development joint degree Program open for all Europeans European added value Promote language skills Enhance professional skills and expertise	Network development Staff and student mobility Development intensive courses Development joint degrees Nordic added value Enhance professional skills and expertise	Development of an interdisciplinary program Attract students from developing countries Student mobility Enhance professional skills and expertise
Students	Professionals and regular students from Europe	Regular students from Nordic countries	Maltese students & students from developing countries
Structure Full program Level Duration European credits Teaching Language	Yes Master 2 years (parttime) Yes: 90 ects full program English and other European languages	No, only courses Bachelor and Master 1 week—several months Yes; varies per course Mainly Nordic languages, some English	Yes Bachelor and Master Ba: 1 year; Ma: 1 year Yes: 60 ects per year English

Maltese programs focus on students from developing countries, and the Nordplus program on students from Nordic countries. The partners involved in initiating the programs are: the European Commission (EuMaG), the WHO and UNESCO (Maltese program), and finally the Nordic Council of Ministers (Nordplus program). But in one aspect the three innovative programs do not differ: they offer students, who have no or limited access to regular gerontology programs, the opportunity to increase their knowledge and competencies in the field of aging. In this way the three programs are perfectly in line with the objectives stated by the Bologna Agreement and the observations of the UN plans of action.

So far, the Bologna Process has made considerable progress in achieving the objectives set out in 1999. The objectives are realistic enough to inspire confidence in the developments leading to the European Higher Education Area (Reichert & Tauch, 2003, 2005). In terms of stimulating mobility of students and staff, of simplifying regulations in higher education, and of collaboration among European universities

considerable progress has been achieved. The three programs, EuMaG, Nordplus, and the international Maltese programs are clear examples. But there is no doubt that a lot of work remains to be done (Teichler, 2003). According to the European University Association, two potentially conflicting and critical agendas emerge: the competition and the solidarity agenda. They state the following:

The competition agenda can be retrieved from the Lisbon declaration, intending to make Europe the most competitive dynamic knowledge-based economy of the world by 2010. Competition implies concentration of centers of excellence, with an emphasis on competence, strengths and high quality. Weak programs or academic institutes are condemned to disappear. On the other hand, the so-called, social agenda stresses collaboration, cooperation, and solidarity between programs and organizations. This agenda finds its origin in the Bologna process. In this program strong programs should support weaker programs, by sharing experience and competence, and by setting up sustainable forms of collaboration, based on equality. The success and sustainability of the EHEA by 2010 will largely depend on how the ambivalence between the two conflicting agendas will be handled and solved. So far it seems that the social agenda is predominant, strengthening collaboration and cooperation between organizations in higher education. (Reichert & Tauch, 2003, pp. 106-107)

It is without doubt that in the practical field of training and education in gerontology, the social agenda predominates. The intention of collaboration is strongly supported by all European universities, as it serves both universities and students. The three innovative European training programs in gerontology presented here are clear examples of the new tendency towards real European collaboration.

NOTES

1. All official documents, policy areas, programs and activities, and news related to the Bologna process: <http://europa.eu.int/comm/education> (Retrieved September 10, 2005).

2. For the full text see: www.ntb.ch/SEFI/bolognadec.html (Retrieved September 10, 2005).

3. The main communiqués of the meeting of Prague and Berlin: see www.bologna-berlin2003.de/en/documents

4. All official documents related to the Bergen meeting: www.bologna-bergen2005.no. Especially the Communiqué of the Conference of European Ministers Responsible for Higher Education, Bergen, May 19-20, 2005; also "From Berlin to Bergen" the general report of the Bologna Follow-up Group 2005.

5. This article does not focus on the current situation in geriatrics. We are acquainted with initiatives in postgraduate education in geriatrics in Europe such as the EAMA (European Academy for Medicine and Ageing: www.healthandage.com/html/min/eamaindex.htm (retrieved September 10, 2005) or the Nordic Research School in Nordic Countries www.sfgg.se/system/article/displayArticle.asp?areald=1&parentId=&nodeld=768 (retrieved September 10, 2005).

6. The Directorate General Sanco (Public Health and Consumer Protection) has initiated another four European master programs in the field of public health: European Master in Public Health Nutrition; European Master in Health Promotion; European Master in Epidemiology; and the ASPHER program.

7. The following countries are involved in the EuMaG consortium (August 2004): Netherlands (Chair of the board, and Administrative Centre), Germany, France, UK, Ireland, Spain, Portugal, Italy, Greece, Austria, Belgium, Finland, Norway, Sweden, Iceland, Denmark, Malta, Czech Republic, Poland, Hungary, Slovenia, Slovak Republic, Bulgaria, and Romania. For latest update check www.eumag.org.

8. See Web site www.eumag.org for all information on consortium members, hyperlinks to partners, information of administrative centre etcetera.

9. A Europeanwide market research showed a demand for opportunities especially for working professionals to join the EuMaG program. NPOE (Netherlands Platform for Older People in Europe, 2001).

10. The literature and assessment strategy have been carefully developed and reported (Viidik et al., 2000).

11. The European University Association (EUA) has published a recent study on joint programs and the problem of joint degrees. It strongly puts the issue on the political (policy) agenda. Solving the international accreditation problem will have a strong impact on the internationalization of training programs. Since joint degrees are high on the political agenda, the scene might change rapidly, as recommended by the European University Association: *[E]very effort should be made to facilitate recognition of jointly awarded degrees. The possibility of amending international legislation in order to extend the scope of the Lisbon Convention to such degrees should be examined* (Taugh et al., 2002:43).

12. International accreditation is another option (e.g., through the Association for Gerontology in Higher Education: AGHE). However, it doesn't solve the problem of the non-acceptance of non-national diplomas by law by individual European countries.

13. For a number of years, Malta has been playing a very important role in the field of ageing. In fact, in 1969, the UN General Assembly unanimously accepted a resolution tabled by the Maltese government to consider the phenomenon of population ageing as a global phenomenon and to give it priority. In pursuance of its long-standing interest in international cooperation in the field of ageing, the government of Malta, in its official letter of September 29, 1985, proposed to the United Nations Secretary-General that, in response to the worldwide need for research and training in the field of ageing, as strongly recommended by the Plan of Action, a United Nations Institute on

Aging was to be established. Its main aim was to help developing countries prepare themselves for the economic, social, and political impact of the rapid and dramatic measures in the older populations. On April 15, 1988, the International Institute on Aging, United Nations-Malta, was officially inaugurated by the then UN Secretary-General H.E.Mr.Javier Perez de Cuellar.

14. Being an independent institution within the university, the Centre facilitates greater flexibility and collaboration between disciplines and faculties. The five full-time faculty members represent a balanced distribution of social science and health science professionals. Similarly, the 21 part-time academics engaged in the Centre have their substantive posts in different faculties and departments including the medical school, health science, pharmacy, arts, economics, management, architecture, and computer sciences. They are all engaged in international research in the field of gerontology and geriatrics.

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